IMPRINT AREA

Teen Questionnaire
13 to 18 Years Old

KAISER PERMANENTE®

Your doctor or other medical professional is asking these questions to discuss your personal health and safety, not to judge you or your friends.

Date:

School: **Grade:** **Most recent GPA:**

1.	Do you always wear a seat belt when riding in a car?	❒ No ❒ Yes
2.	Do you ever use a bike, scooter, skateboard, snow board or rollerblades WITHOUT a helmet?	❒ Yes ❒ No
3.	Have you ever had a sunburn?	❒ Yes ❒ No
4.	Do you play sports or get other exercise that makes you breathe hard and makes your heart go faster – for at least 60 minutes a day?	❒ No ❒ Yes
5.	Do you eat 5 or more servings of vegetables and fruits every day?	❒ No ❒ Yes
6.	Do you usually drink more than one soda, juice, or sports drink each day?	❒ Yes ❒ No
7.	Do you usually spend more than 2 hours a day watching TV or movies, playing video games, or using the computer?	❒ Yes ❒ No
8.	Are you using supplements (such as creatine, andro, or steroids)?	❒ Yes ❒ No
9.	In the past year, have you used laxatives, diet pills or made yourself vomit to try to lose weight?	❒ Yes ❒ No
10.	Have your grades been dropping at school?	❒ Yes ❒ No
11.	Do you, your parents, or any of your friends have a gun?	❒ Yes ❒ No
12.	Have you ever been physically abused by an adult?	❒ Yes ❒ No
13.	Have you ever been forced or pressured to have sex?	❒ Yes ❒ No
14.	Have you ever been in trouble with the law?	❒ Yes ❒ No
15.	Are your close friends gang members?	❒ Yes ❒ No
16.	Does anyone smoke in your home?	❒ Yes ❒ No
17.	Have you smoked cigarettes or chewed tobacco during the past year?	❒ Yes ❒ No
18.	Do your close friends drink alcohol or get high?	❒ Yes ❒ No
19.	Have you ever been in a car with a driver who had too much to drink or was high?	❒ Yes ❒ No

Clinic Notes

❒ Questionnaire reviewed

❒ Pertinent topics discussed and advice given

MD/NP
Sign: _____

****IMPORTANT – PLEASE TURN OVER****

00244-089 (Revised 7-10) HealthConnect version

TEEN QUESTIONS 20 THROUGH 25 (Fill out in private)

CONFIDENTIAL QUESTIONS: Do not photocopy.

Important! Please read first...

- This information is confidential. Confidentiality is protected by law for certain types of medical treatment.
- It will not be shared with anyone (unless you are being abused sexually or physically or are in danger of hurting yourself or someone else).

20. During the past year did you drink any alcohol? ❒ Yes ❒ No

21a. During the past year did you use marijuana? ❒ Yes ❒ No

21b. During the past year have you used any other drug to get high (such as prescription drugs, meth, ecstasy, glue or cocaine)? ❒ Yes ❒ No

22. During the past few weeks, have you OFTEN felt sad, down or hopeless? ❒ Yes ❒ No

23. Have you seriously thought about killing yourself, made a plan, or tried to kill yourself? ❒ Yes ❒ No

24a. Have you ever had sex (including oral, vaginal, or anal sex)? ❒ Yes ❒ No

24b. If yes, do you or your partner always use a condom when you have sex? ❒ No ❒ Yes

25. Are you attracted to guys, girls, or both? ❒ Guys ❒ Girls ❒ Both

For young women only.

1. Have you started your period? (If no, you are done!) ❒ No ❒ Yes
2. When was your last period? Date:_____

3a. My periods are:
- ❒ less than 1 month apart
- ❒ every 1 to 2 months
- ❒ more than 2 months apart

3b. My periods last:
- ❒ less than 8 days
- ❒ 8 days or longer

4. Do you have cramps that interfere with your daily activities? ❒ Yes ❒ No
5. Do you need help with managing your cramps? ❒ Yes ❒ No

If you have any other concerns, please write them here:

Please let us know how to reach you in case we need to call.

Cell phone number

Good times to call you

E-mail address

Signature

Date

CLINIC NOTES

❒ Questionnaire reviewed

❒ Pertinent topics discussed and advice given

MD/NP Sign: